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Docket No.:

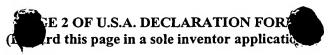
## DECLARATION AND POWER OF ATTORNEY UNDER 35 USC §371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

B 1117 Per

As a below named inventor, I hereby declare that:
my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original	ginal,
first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for wh	ich a
patent is sought, namely the invention entitled: Needleless syringe operating with a dev.	ice
generating a shock wave through a wall	
described and claimed in international application number filed	
I have reviewed and understand the contents of the above-identified specification, including the claim	ıs, as
amended by any amendment referred to above.	
I acknowledge the duty to disclose to the Office all information known to me to be materially as the first the Control of the	al to
patentability as defined in Title 37, Code of Federal Regulations §1.56.	
Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed wone year prior to my international application are hereby claimed:	ıthin.
one year prior to my international application are hereby claimed.	
French Patent Application No 99 09255 filed on July 16, 1999	
The following application(s) for patent or inventor's certificate on this invention were filed in cour	ıtries
foreign to the United States of America either (a) more than one year prior to my international application, of before the filing date of the above-named foreign priority application(s):	r (b)
before the fining date of the above-named foreign priority application(s):	
I hereby appoint the following as my attorneys of record with full power of substitution and revocation	on to
prosecute this application and to transact all business in the Patent Office:	
James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;	
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;	
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;	
Mario A. Costantino, Reg. No. 33,565; and Caroline D. Dennison, Reg. No. 34,494.	
ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLI	ם חד
BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.	יר &
22,120,120,130,100,110,120,1120,1110,111	
I hereby declare that I have reviewed and understand the contents of this Declaration, and that	t all
statements made herein of my own knowledge are true and that all statements made on information and belie	fare
believed to be true; and further that these statements were made with the knowledge that willful false statem	nents
and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the Ut	nited
States Code and that such willful false statements may jeopardize the validity of the application or any patent is	sued
thereon.	
Typewritten Full Name of Sole or First Inventor	
of Sole or First Inventor Patrick	E
Given harne Middle Initial Family Name	
Inventor's Signature	
Date of Signature 15 Sec. 2.51	
Residence: GRAY Month Day Year FRANCE	
City State or Province Country	
Citizenship: FRANCAISE FIZX	
Post Office Address: 14 avenue de la Libération - 70100 GRAY	
(Insert complete mailing address, including country) FRANCE	

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.



1	Typewritten Full Nam of Second Joint Inven	<u> </u>	Pierre		BRUNET
2	**Inventor's Signature	<u>.</u>	Given Name PSRV W	Middle Initial	Family Name
3	**Date of Signature:		January	16	2002
	Residence:	LARDY	Month 0	Day	Year FRANCE
		City	FRX	State or Province	Country
	Citizenship:	Post Office Address			
		(Insert complete	17 rue Honvil	le - 91510 LARDY	
		mailing address, including country)	FRANCE		
1	Typewritten Full Nam of Third Joint Invento		Brigitte		CAGNON
2	الله الله الله الله الله الله الله الله		Given Name  GRANON	Middle Initial	Family Name
3	**Date of Signature:	<del></del>	7		2007
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	Residence:	BALLANCOUR	T	·	FRANCE
•	Residence:	City	,	State or Province	Country
	Citizenship:	FRANCAISE	FRX		
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	lude and	including country)	FRANCE		
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	of Fourth Joint Inven	tor (if any) $-$	O Claude	7	MIKLER
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	**Inventor's Signature  **Date of Signature:	DIJON	Given Namy	Ag Day	Family Name  Leo (  Year  FRANCE
	**Inventor's Signature  **Date of Signature:  Residence:	DIJON City FRANCAISE Post Office Address	Given Named And Month	Day State or Province	Family Name  200 (  Year  FRANCE  Country
	**Inventor's Signature  **Date of Signature:  Residence:	DIJON City FRANCAISE	Given Named And Month	Ag Day	Family Name  200 (  Year  FRANCE  Country
	**Inventor's Signature  **Date of Signature:  Residence:	DIJON City FRANCAISE Post Office Address (Insert complete	Given Named And Month	Day State or Province	Family Name  200 (  Year  FRANCE  Country
	**Inventor's Signature  **Date of Signature:  Residence:  Citizenship:  Typewritten Full Name	DIJON  City  FRANCAISE  Post Office Address (Insert complete mailing address, including country)	Given Name Hand	Day State or Province	Family Name  200 (  Year  FRANCE  Country
	**Inventor's Signature  **Date of Signature:  Residence:  Citizenship:	DIJON  City  FRANCAISE  Post Office Address (Insert complete mailing address, including country)	Given Name of the Company of the Com	Day State or Province	Family Name  Leo ( Year FRANCE Country
	**Inventor's Signature  **Date of Signature:  Residence:  Citizenship:  Typewritten Full Name	DIJON City FRANCAISE Post Office Address (Insert complete mailing address, including country) ne or (if any)	Given Name Hand	Day  State or Province  Drapeau - 21000 DIJ	Family Name  200 (  Year  FRANCE  Country
. 1	**Inventor's Signature  **Date of Signature:  Residence:  Citizenship:  Typewritten Full Namof Fifth Joint Inventor	DIJON City FRANCAISE Post Office Address (Insert complete mailing address, including country) ne or (if any)	Given Name  Given Name  Given Name	Day  State or Province  Drapeau - 21000 DIJ  Middle Initial	Family Name  Loo ( Year FRANCE Country  ON  Family Name
2	**Inventor's Signature  **Date of Signature:  Residence:  Citizenship:  Typewritten Full Nam of Fifth Joint Inventor.  **Inventor's Signature:  **Date of Signature:	DIJON City FRANCAISE Post Office Address (Insert complete mailing address, including country) ne or (if any)	Given Name of the Company of the Com	Day  State or Province  Drapeau - 21000 DIJ	Family Name  Leo ( Year FRANCE Country
	**Inventor's Signature  **Date of Signature:  Residence:  Citizenship:  Typewritten Full Namof Fifth Joint Inventor.  **Inventor's Signature	DIJON City FRANCAISE Post Office Address (Insert complete mailing address, including country) ne or (if any)	Given Name  December  Month  117 avenue du  FRANCE  Given Name	Day  State or Province  Drapeau - 21000 DIJ  Middle Initial	Family Name  Loo ( Year FRANCE Country  ON  Family Name
2	**Inventor's Signature  **Date of Signature:  Residence:  Citizenship:  Typewritten Full Nam of Fifth Joint Inventor.  **Inventor's Signature:  **Date of Signature:	DIJON City FRANCAISE Post Office Address (Insert complete mailing address, including country) ne r (if any)	Given Name  December  Month  117 avenue du  FRANCE  Given Name	Day  State or Province  Drapeau - 21000 DIJ  Middle Initial	Family Name  2001  Year  FRANCE  Country  ON  Family Name
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<sup>\*\*</sup>Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.